

**BEST AVAILABLE COPY**

POSITION	INITIALS	ID NO.	DATE
FREE DETERMINATION	JW G		10/6/00
OIRE CLASSIFIER			10/10/00-10/00
FORMALITY REVIEW	el	823	11/10/00
RESPONSE FORMALITY REVIEW			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	9/19/02
2	8/14/02
3	11/7/02
4	5/12/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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